

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
Business and Professional Licensing Administration
Business License Division



Refund Request
(Receipt(s)/Proof(s) of payment required)

Date Requested: _____

Basic Business License #: _____

Name of Licensee: _____

BBL Premise Address: _____

FEIN: _____

Requestor Information

Name: _____

Company: _____

Mailing Address: _____

Refund Details

Reason for Refund Request:

Amount Requested: _____

Date Posted:

FOR OFFICE USE ONLY:

Date Submitted to Management:

Management Signature: _____

APPROVED

DENIED